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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. WEN-0029	
		First Inventor Naoyuki Maeda	
		Title	CORNEAL SURGERY APPARATUS
		Express Mail Label No. _____	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 34] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Sheets 2]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or its equivalent.</i>	
		17. <input type="checkbox"/> Other: _____	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 23353		OR <input type="checkbox"/> Correspondence address below	
Name	RADER, FISHMAN & GRAUER PLLC Ronald P. Kananen		
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Name (Print/Type)		Registration No. (Attorney/Agent)	
Signature		Date	January 13, 2004

22387 U.S. PTO
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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 770.00)**Compl t if Known**

Application Number	Not Yet Assigned
Filing Date	January 13, 2004
First Named Inventor	Naoyuki MAEDA
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	WEN-0029

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 18-0013

Deposit Account Name Rader, Fishman & Grauer PLLC

The Director is authorized to: (check all that apply)

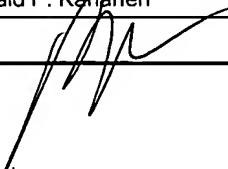
Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Ronald P. Kananen	Registration No. (Attorney/Agent)	24,104	Telephone (202) 955-3750
Signature			Date	January 13, 2004